

**Starfinder Financial Management**  
**A Division of Axiom Investment Management LLC**

780 THIRD AVENUE • 43RD FLOOR • NEW YORK, NY 10017 • 212-521-3894 • 888-222-3906 • Fax: 212-521-3888

9-19-11

Dear Sirs,

I oppose the disallowance and expungement of my claim<sup>#28717</sup>. My claim number is 28717.

The name of the Bankruptcy court is United States Bankruptcy Court Southern District of New York.

The Debtors are Lehman Brothers Holdings Inc., et al. The Case number is Chapter 11 Case Number 08-13555 (JMP) (Jointly Administered).

I believe the title of the Objection to which the response is directed is OMNIBUS OBJECTION TO CLAIMS (NO LIABILITY Employee Claims).

My name is Edmund L. Finiper and I am a claimant as member of the Lehman Brothers Kuhn Loeb Deferred Compensation Plan (the LDCP) and The Executive Select Employee Plan (ESEP).

I am owed Aprox #290,668.<sup>00</sup>/100

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**A Division of Axiom Investment Management LLC**

2 of 2

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On my last payment my pay group was listed as MRT- Monthly Retiree's - Business Unit IMD, Check # 0467473, Check date 9/10/08.  
My employee ID listed as 10071561, Department 23169 - Private Investment Administrator (Copy Enclosed).

I was an employee in good standing and contributed my earning to the plan with the expectation of receiving distributions in good faith for my retirement and family needs. I have an autistic child who will need this money.

My new address is 120 QUAYSIDE DRIVE,  
Jupiter Florida 33477. My phone number is 917-854-0457, Office number 212-521-3894.

Thank you, very much, for your attention to my claim.

Sincerely,  
*Edward Lai*

## LEHMAN BROTHERS

October 20, 2008

Edmund L. Finder  
1725 York Ave  
Apt 30C  
New York, NY 10128

As a result of Lehman Brothers Inc. ("LBI") having been placed into a liquidation proceeding under the Securities Investor Protection Act of 1970, as amended ("SIPA"), on September 19, 2008 ("Filing Date"), LBI's obligations under the non-qualified, deferred compensation plans are deemed pre-Filing Date claims under SIPA and the Bankruptcy Code. Consequently, future payments of deferred compensation cannot be made without the approval of the SIPA trustee and the Bankruptcy Court overseeing the SIPA liquidation, which is separate from the Lehman Brothers Holding Inc. ("LBHI") chapter 11 case.

As a participant in the Executive and Select Employees Plan (ESEP) prior to September 19, 2008, you may submit a claim as a creditor of LBI and participate in any distributions from monies available as a result of its liquidation.

The Securities Investor Protection Corporation and Federal Courts have appointed James W. Giddens as the trustee to administer the LBI SIPA liquidation. At some point in the future the SIPA trustee will be sending and publishing notice of the procedures for the filing of claims and the date by which such claims must be filed.

All inquiries regarding this proceeding should be directed to:

US: (866) 841-7868  
Non-US: (503) 597-7690

For more information please visit <http://chapter11.epiqsystems.com>

Kolo

**LEHMAN BROTHERS**

September 10, 2008

Mr. Edmund L. Finder  
1725 York Ave  
Apt 30C  
New York, NY 10128

Dear Mr. Finder:

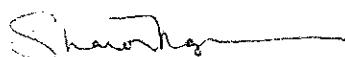
Enclosed please find a check containing your August 31, 2008 payment from the Lehman Brothers Executive and Select Employees Plan (ESEP), in which you are a participant. This payment of \$72,677.04 represents the eighth of ten annual installments payable to you from the ESEP. Pursuant to the letter and Form W-4P that was mailed to you, unless otherwise indicated, this payment is subject to Federal income tax.

The Federal estimated tax rules provide that penalties may be applicable if your withholding and estimated tax payments are insufficient.

Please note this payment is taxable as ordinary income upon receipt and cannot be rolled over into an Individual Retirement Account (IRA) as this is a non-qualified plan distribution. For further tax information, we suggest that you consult your tax advisor.

If you have any questions please contact me at (646) 333-8341 or by e-mail at  
[sharon.nguyen@lehman.com](mailto:sharon.nguyen@lehman.com)

Sincerely,



UNIQUE IDENTIFICATION NUMBER: 1000249140

In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held	Case No. of Debtor

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (CREDITOR,DBF,CREDNUM)CREDNUM # 1000249140\*\*\*\*\*  
 FINDER, EDMUND  
 1725 YORK AVE  
 APT 30C  
 NEW YORK, NY 10128

Telephone number: 917 854 0457 Email Address: EOLFINDER@YAHOO.COM

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
*(If known)*

Filed on: \_\_\_\_\_

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

**1. Amount of Claim as of Date Case Filed: \$ TO BE DETERMINED**

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.

Check this box if all or part of your claim is based on a Derivative Contract.\*  
 Check this box if all or part of your claim is based on a Guarantee.\*

\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

**2. Basis for Claim: DEFERRED COMPENSATION**

(See instruction #2 on reverse side.)

**3. Last four digits of any number by which creditor identifies debtor:** \_\_\_\_\_

**3a. Debtor may have scheduled account as:** \_\_\_\_\_  
 (See instruction #3a on reverse side.)

**4. Secured Claim (See instruction #4 on reverse side.)**

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff:  Real Estate       Motor Vehicle       Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

**6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ N/A**

(See instruction #6 on reverse side.)

**7. Credits:** The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

**8. Documents:** Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

If the documents are not available, please explain:

Date: 4/18/09 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim. Provide address and telephone number if different from the notice address above. Attach copy of power of attorney if any.

THIS SPACE IS FOR COURT USE ONLY

**5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).** If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  
 Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  
 Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_\_).

Amount entitled to priority:

TO BE DETERMINED

FOR COURT USE ONLY

**FILED / RECEIVED**

SEP 22 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

# PROOF OF CLAIM

		<b>UNIQUE IDENTIFICATION NUMBER: 1000004555</b>  <b>THIS SPACE IS FOR COURT USE ONLY</b>
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
Name of Debtor Against Which Claim is Held	Case No. of Debtor	
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)</small>		
<b>Name and address of Creditor:</b> (and name and address where notices should be sent if different from Creditor)  <b>LBH (CREDITOR,DBF,CREDNUM)CREDNUM # 1000004555*****</b> <b>FINDER,EDMUND L.</b> <b>1725 YORK AVE</b> <b>APT 30C</b> <b>NEW YORK, NY 10128</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <i>(If known)</i>  <b>Filed on:</b> _____
<b>Telephone number:</b> 9179540457 <b>Email Address:</b> EOLFINDER@YAHOO.COM		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
<b>Name and address where payment should be sent (if different from above)</b>  <b>Telephone number:</b> _____ <b>Email Address:</b> _____		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ _____ <small>If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.</small> <small>If all or part of your claim is entitled to priority, complete Item 5.</small> <small>If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.</small> <input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* <b>*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.</b> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> if claim is a based on a Derivative Contract or Guarantee.		
<b>2. Basis for Claim:</b> _____ <small>(See instruction #2 on reverse side.)</small>		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____ <b>3a. Debtor may have scheduled account as:</b> _____ <small>(See instruction #3a on reverse side.)</small>		
<b>4. Secured Claim</b> (See instruction #4 on reverse side.) <small>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</small> <small>Nature of property or right of setoff:</small> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <small>Describe:</small> _____ <small>Value of Property: \$ _____ Annual Interest Rate %</small> <small>Amount of arrearage and other charges as of time case filed included in secured claim, if any:</small> \$ _____ <small>Basis for perfection:</small> _____		
<b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____		
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<b>Date:</b> <i>1/18/09</i>	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 	
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>		
<b>FOR COURT USE ONLY</b>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILED / RECEIVED</b>  <b>SEP 22 2009</b>  <b>EPIQ BANKRUPTCY SOLUTIONS, LLC</b> </div>		

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9-19-11

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I am owed Aprox \$290,668.<sup>00</sup>/<sub>100</sub>

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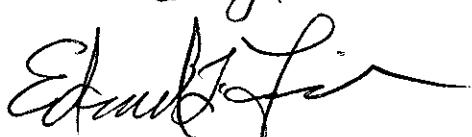
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Thank you, very much, for your attention to my claim.

Sincerely,  


## LEHMAN BROTHERS

October 20, 2008

Edmund L. Finder  
1725 York Ave  
Apt 30C  
New York, NY 10128

As a result of Lehman Brothers Inc. ("LBI") having been placed into a liquidation proceeding under the Securities Investor Protection Act of 1970, as amended ("SIPA"), on September 19, 2008 ("Filing Date"), LBI's obligations under the non-qualified, deferred compensation plans are deemed pre-Filing Date claims under SIPA and the Bankruptcy Code. Consequently, future payments of deferred compensation cannot be made without the approval of the SIPA trustee and the Bankruptcy Court overseeing the SIPA liquidation, which is separate from the Lehman Brothers Holding Inc. ("LBHI") chapter 11 case.

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Kolo'

**LEHMAN BROTHERS**

September 10, 2008

Mr. Edmund L. Finder  
1725 York Ave  
Apt 30C  
New York, NY 10128

Dear Mr. Finder:

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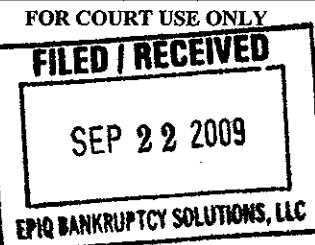
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If you have any questions please contact me at (646) 333-8341 or by e-mail at  
[sharon.nguyen@lehman.com](mailto:sharon.nguyen@lehman.com)

Sincerely,



In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	UNIQUE IDENTIFICATION NUMBER: 1000249140
Name of Debtor Against Which Claim is Held	Case No. of Debtor	
<p><b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)</p>		
<p>Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)</p> <p>LBH (CREDITOR,DBF,CREDNUM)CREDNUM # 1000249140***** FINDER, EDMUND 1725 YORK AVE APT 30C NEW YORK, NY 10128</p>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <i>(If known)</i>  <b>Filed on:</b> _____
<p>Telephone number: 917 854 0457 Email Address: EOLFINDER@YAHOO.COM</p> <p>Name and address where payment should be sent (if different from above)</p>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
<p>Telephone number: _____ Email Address: _____</p>		
<p><b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>TO BE DETERMINED</u></p> <p>If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete Item 5.</p> <p>If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.</p> <p><input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.*  <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.*</p> <p>*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> if claim is a based on a Derivative Contract or Guarantee.</p>		
<p><b>2. Basis for Claim:</b> <u>DEFERRED COMPENSATION</u>            (See instruction #2 on reverse side.)</p> <p><b>3. Last four digits of any number by which creditor identifies debtor:</b> _____</p> <p><b>3a. Debtor may have scheduled account as:</b> _____            (See instruction #3a on reverse side.)</p> <p><b>4. Secured Claim</b> (See instruction #4 on reverse side.)            Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.            Nature of property or right of setoff: <input type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle      <input type="checkbox"/> Other            Describe: _____            Value of Property: \$ _____ Annual Interest Rate %            Amount of arrearage and other charges as of time case filed included in secured claim, if any:            \$ _____ Basis for perfection: _____</p> <p><b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____</p> <p><b>6. Amount of Claim that qualifies as:</b> <u>Administrative Expense under 11 U.S.C. §503(b)(9): \$ N/A</u>            (See instruction #6 on reverse side.)</p> <p><b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  <b>8. Documents:</b> Attach redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.  <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b>            If the documents are not available, please explain _____</p>		
Date:  4/18/09	<p><b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim. State address and telephone number if different from the notice address above. Attach copy of power of attorney if any.</p> <p><i>[Handwritten signature]</i></p>	
<p><b>PENALTY:</b> Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</p>		

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<b>Telephone number:</b> 917 854 0457 <b>Email Address:</b> EOLFINDER@YAHOO.COM		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.			
<b>Name and address where payment should be sent (if different from above)</b>  <b>Telephone number:</b> <b>Email Address:</b>					
<p><b>1. Amount of Claim as of Date Case Filed:</b> \$ _____          If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.          If all or part of your claim is entitled to priority, complete Item 5.          If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.</p> <p><input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.*  <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.*</p> <p><b>*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.</b></p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> if claim is based on a Derivative Contract or Guarantee.</p>					
<p><b>2. Basis for Claim:</b> _____          (See instruction #2 on reverse side.)</p> <p><b>3. Last four digits of any number by which creditor identifies debtor:</b> _____  <b>3a. Debtor may have scheduled account as:</b> _____          (See instruction #3a on reverse side.)</p> <p><b>4. Secured Claim</b> (See instruction #4 on reverse side.)          Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.          Nature of property or right of setoff: <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other          Describe: _____          Value of Property: \$ _____ Annual Interest Rate _____ %          Amount of arrearage and other charges as of time case filed included in secured claim, if any:          \$ _____ Basis for perfection: _____</p> <p><b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____</p> <p><b>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9):</b> \$ _____          (See instruction #6 on reverse side.)</p> <p><b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  <b>8. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.  <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b>          If the documents are not available, please explain:</p>					
Date:  1/18/09	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  				
<p><i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</i></p>					
<p><b>THIS SPACE IS FOR COURT USE ONLY</b></p>					
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</b></p> <p>Specify the priority of the claim:</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).</p> <p><b>Amount entitled to priority:</b> \$ _____</p>					
<p><b>FOR COURT USE ONLY</b></p>					
<table border="1"> <tr> <td><b>FILED / RECEIVED</b></td> </tr> <tr> <td>SEP 22 2009</td> </tr> <tr> <td>EPIQ BANKRUPTCY SOLUTIONS, LLC</td> </tr> </table>			<b>FILED / RECEIVED</b>	SEP 22 2009	EPIQ BANKRUPTCY SOLUTIONS, LLC
<b>FILED / RECEIVED</b>					
SEP 22 2009					
EPIQ BANKRUPTCY SOLUTIONS, LLC					

December 8, 2008

Edmund L. Finder  
1725 York Ave  
Apt 30C  
New York, NY 10128

U.S. BANKRUPTCY COURT  
S.D. OF N.Y.  
FILED  
2011 SEP 19 P 2:53  
S.D. OF N.Y.

Dear Colleagues:

The undersigned are a group of eight beneficiaries of the following deferred compensation plans (the "DCPs") of Lehman Brothers Inc. ("LBI"), and its predecessors):

- a. The Lehman Brothers Kuhn Loeb Deferred Compensation Plan (the "LDCP");  
and,
- b. The Executive and Select Employee Plan (the "ESEP")

As you all know by now, LBI is in a liquidation proceeding (the "SIPA Proceeding") under the Securities Investor Protection Act which is pending before the United States Bankruptcy Court for the Southern District of New York. James Giddens (the "Trustee") was appointed to administer the liquidation of LBI's assets in the SIPA Proceeding. Because of the commencement of the SIPA Proceeding, all payments to beneficiaries of the DCPs have ceased and the beneficiaries find themselves in the position of creditors of LBI.

Upon the commencement of the SIPA Proceeding, we joined together for the purpose of organizing the beneficiaries of the DCPs so that we could explore the best way in which to protect our interests in the SIPA Proceeding and share the costs that will be associated with obtaining representation. Using our own contacts and information obtained from others, we have to date contacted approximately 260 other beneficiaries of the DCPs (out of approximately 540 total participants) approximately 250 of whom have already agreed to join together for the representation of our mutual interests as beneficiaries of the DCPs.

By obtaining an Order of the Bankruptcy Court over the objection of the Trustee, our Counsel, Hennigan, Bennett and Dorman, was able to obtain the list of all of the DCP participants.<sup>1</sup> Having obtained this list, we are writing to you now to let you know about this organizing effort and to invite you to join with us to pursue our interests in the DCPs.

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<sup>1</sup> You may read the Bankruptcy Court's decision on this point by going to <http://www.hbdlawyers.com/lehmandcp/2004decision.pdf>.

December 8, 2008  
Page 2

We know that this will be a long process with an uncertain result. However, we believe strongly that by organizing we can (a) keep abreast of developments in the case, (b) share background facts, strategic ideas and information regarding the SIPA Proceeding as it moves forward, (c) significantly reduce the cost to each of us of obtaining representation of our interests in the SIPA Proceeding, and (d) materially increase our chances of a favorable outcome. While no one can predict how this will ultimately affect us, we believe our chances can only be improved by organizing. Moreover, we believe that those who are not part of an organized effort may not be able to realize the benefits of any favorable result that might be achieved by an organized group.

We invite you to join with us in this effort. If you are interested in participating, please contact one of the individuals listed below. We can then provide you with more information regarding our activities to date, the manner in which we propose to organize the group, the currently anticipated cost to each participant of this process and other information we have received from counsel. We look forward to hearing from you.

Sincerely,

Steering Committee

Name	Email Address
Edwin McGuinn (203) 388 1808	EMcGuinn@elottery.com
Craig Schiffer (917) 476-2910	schiffer@trilc.com
David S. Hershberg	davidhershberg@gmail.com
F.S. Elliott [Rick]	RELL842@aol.com
James P. Roper (212) 742-9176	jroper@provident-group.com
Nancy J. Hamant	nanin101@aol.com
Robert E. Genirs	rgenirs@aol.com
Theodore Roosevelt IV	trooseve@lehman.com

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re : Chapter 11 Case No.  
LEHMAN BROTHERS HOLDINGS INC., et al., : 08-13555 (JMP)  
Debtors. : (Jointly Administered)

LBH OMNI173 08-19-2011 (MERGE2,TXNUM2) 4000075587 BAR(23) MAIL ID \*\*\* 000050941505 \*\*\* BSIUSE: 124

FINDER, EDMUND  
1725 YORK AVE  
APT 30C  
NEW YORK, NY 10128

**THIS IS A NOTICE REGARDING YOUR CLAIM(S). YOU MUST READ IT  
AND TAKE ACTION IF YOU DISAGREE WITH THE OBJECTION.**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE OBJECTION,  
PLEASE CONTACT DEBTORS' COUNSEL, ERIKA DEL NIDO, ESQ., AT 212-310-8323.**

**NOTICE OF HEARING ON DEBTORS' ONE HUNDRED SEVENTY-THIRD  
OMNIBUS OBJECTION TO CLAIMS (NO LIABILITY EMPLOYEE CLAIMS)**

CLAIM TO BE DISALLOWED & EXPUNGED	
Creditor Name and Address: FINDER, EDMUND 1725 YORK AVE APT 30C NEW YORK, NY 10128	Claim Number: 28717
	Date Filed: 9/22/2009
	Debtor: No Case
	Classification and Amount: UNDETERMINED

PLEASE TAKE NOTICE that, on August 19, 2011, Lehman Brothers Holdings Inc. and certain of its affiliates (collectively, the "Debtors") filed their One Hundred Seventy-Third Omnibus Objection to Claims (No Liability Employee Claims) (the "Objection") with the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court").<sup>1</sup>

The Objection requests that the Bankruptcy Court disallow and expunge your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED on the ground that it was filed against the Debtors asserting claims for deferred compensation that are not liabilities of the Debtors. Any claim that the Bankruptcy Court expunges and disallows will be treated as if it had not been filed and you will not be entitled to any distribution on account thereof.

If you do NOT oppose the disallowance and expungement of your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED, then you do NOT need to file a written response to the Objection and you do NOT need to appear at the hearing.

If you DO oppose the disallowance and expungement of your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED, then you MUST file with the Court and serve on the parties listed below a written response to the Objection that is received on or before 4:00 p.m. prevailing Eastern Time on September 20, 2011 (the "Response Deadline").

Your response, if any, must contain at a minimum the following: (i) a caption setting forth the name of the Bankruptcy Court, the names of the Debtors, the case number and the title of the Objection to which the response is directed; (ii) the name of the claimant and description of the basis for the amount of the claim; (iii) a concise statement setting forth the reasons why

<sup>1</sup> A list of the Debtors, along with the last four digits of each Debtor's federal tax identification number, is available on the Debtors' website at <http://www.lehman-docket.com>.

the claim should not be disallowed and expunged for the reasons set forth in the Objection, including, but not limited to, the specific factual and legal bases upon which you will rely in opposing the Objection; (iv) all documentation or other evidence of the claim, to the extent not included with the proof of claim previously filed with the Bankruptcy Court or provided to the Debtors in response to the Derivative Questionnaire and/or Guarantee Questionnaire (as defined in the order, dated July 2, 2009, establishing the deadline for filing proofs of claim, approving the form and manner of notice thereof and approving the proof of claim form [Docket No. 4271]), upon which you will rely in opposing the Objection; (v) the address(es) to which the Debtors must return any reply to your response, if different from that presented in the proof of claim; and (vi) the name, address, and telephone number of the person (which may be you or your legal representative) possessing ultimate authority to reconcile, settle, or otherwise resolve the claim on your behalf.

The Bankruptcy Court will consider a response only if the response is timely filed, served, and received. A response will be deemed timely filed, served, and received only if the original response is actually received on or before the Response Deadline by (i) the chambers of the Honorable James M. Peck, One Bowling Green, New York, New York 10004, Courtroom 601; (ii) attorneys for the Debtors, Weil Gotshal & Manges LLP, 767 Fifth Avenue, New York, New York 10153 (Attn: Robert J. Lemons, Esq. and Mark Bernstein, Esq.); (iii) the Office of the United States Trustee for Region 2, 33 Whitehall Street, 21st Floor, New York, New York 10004 (Attn: Tracy Hope Davis, Esq., Elisabetta Gasparini, Esq. and Andrea Schwartz, Esq.); and (iv) attorneys for the official committee of unsecured creditors appointed in these cases, Milbank, Tweed, Hadley & McCloy LLP, 1 Chase Manhattan Plaza, New York, New York 10005 (Attn: Dennis F. Dunne, Esq., Dennis O'Donnell, Esq., and Evan Fleck, Esq.)

A hearing will be held on October 2, 2011 to consider the Objection. The hearing will be held at 10:00 a.m. prevailing Eastern Time in the United States Bankruptcy Court for the Southern District of New York, One Bowling Green, New York, New York 10004, Courtroom 601. If you file a written response to the Objection, you should plan to appear at the hearing. The Debtors, however, reserve the right to continue the hearing on the Objection with respect to your claim. If the Debtors do continue the hearing with respect to your claim, then the hearing will be held at a later date. If the Debtors do not continue the hearing with respect to your claim, then a hearing on the Objection will be conducted on the above date.

If the Bankruptcy Court does NOT disallow and expunge your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED, then the Debtors have the right to object on other grounds to the claim (or to any other claims you may have filed) at a later date. You will receive a separate notice of any such objections.

You may participate in a hearing telephonically provided that you comply with the Court's instructions (including, without limitation, providing prior written notice to counsel for the Debtors and any statutory committees), which can be found on the Court's website at [www.nysb.uscourts.gov](http://www.nysb.uscourts.gov).

If you wish to view the complete Objection, you can do so on the Court's electronic docket for the Debtors' chapter 11 cases, which is posted on the internet at [www.nysb.uscourts.gov](http://www.nysb.uscourts.gov) (a PACER login and password are required and can be obtained through the PACER Service Center at [www.pacerpsc.uscourts.gov](http://www.pacerpsc.uscourts.gov)), or for free at <http://www.lehman-docket.com>. If you would like to request a complete copy of the Objection at the Debtors' expense, please contact the Debtors' approved claims agent Epiq Bankruptcy Solutions, LLC toll-free at 1-866-879-0688.

**If you have any questions about this notice or the Objection, please contact Debtors' counsel, Erika del Nido, Esq., at 212-310-8323. CLAIMANTS SHOULD NOT CONTACT THE CLERK OF THE BANKRUPTCY COURT TO DISCUSS THE MERITS OF THEIR CLAIMS.**

DATED: August 19, 2011  
New York, New York

WEIL, GOTSHAL & MANGES LLP  
767 Fifth Avenue  
New York, New York 10153  
(212) 310-8000  
Robert J. Lemons

ATTORNEYS FOR DEBTORS  
AND DEBTORS IN POSSESSION